STA	TE OF SOU	TH CAROLINA)	BEFORE THE			
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo				PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA			
Request to Cancel Class C Charter Certificate of James H. Clarkson, Jr. DBA Jimmy's Limp Service				TRANSPORTATION COVER SHEET			
Dete: 2/23/15 Time: 2:23) DOCKET) NUMBER: 2014 - 306 - T					
		Deta: 2/23	3/1 <i>5</i> 3	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.			
(Please type or print) Submitted by: James H. Clarkson, Jr. Prelephone: 803-469-2453							
Address:		1370 Walrong To.		Pax:	-	603-469-2456	
,		Sunter, St 29150	/	Other:	-	843-327-7212	
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must							
be filled out completely.							
NATURE OF ACTION (Check all that apply)							
	Application -	- Class C Taxi	RECE	tvb]		Request to Amend Scope of Authority	
	Application -	- Class C Charter	FEB 2	3 2015		Request to Amend Tariff (rate increase, etc.)	
	Application -	- Class C Charter Bus		CSC_		Request to Amend Passenger Limit	
	Application -	- Class C Non-Emergency	MAIL	J/DMS		Request	
	Application -	- Class E Household Goods		•		Exhibit	
	Application -	- Class E Hazardous Waste				Late-Filed Exhibit	
	Application					Letter	
	Request for	Extension to Comply with Order				Proposed Order	
	Request for Order Granting Authority to Obtain Certificate Public Convenience and Necessity to Be Reseinded			of		Publisher's Affidavit	
	Request for	Cancellation of Certificate				Reservation Letter	
	Request for	Suspension				Response	
	Request for	Reinstatement				Return to Petition	
	Request for	Name Change on Certificate				Other:	

Request for Cancellation of Certificate

File the original with:	Mail or fax a copy to:			
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815			
DATE: February 24, 2015				
Please consider this a request to cancel my	:			
Class C Taxi Certificate	Class A Restricted Certificate			
Class C Charter Certificate				
Class C Charter Bus Certificate				
Non-Emergency Certificate				
Class E Household Goods Certificate				
Class E Hazardous Wastes Certificate				
My Certificate Number is8948				
James H. Clarkson	OBA Jimmy's Limo Service			
(Name of Company)	(If applicable)			
(Street Address)	(Mailing Address if different from Street Address)			
(City, State, Zip Code)	(City, State, Zip Code)			
(Telephone Number)	Sames 4 Clarkour Lange			
Ć	(Title) Owner, President, etc.			